GRAVES GILBERT CLINIC

Over-the-Counter Medication

Student's Name: _____ Grade: ____ **ALLERGIES:**_____

Student's Age: ____ Date of Birth: _____ School: _____

Please indicate by checking below the medications you permit to be administered to your child.

□ **Acetaminophen (Tylenol)**	□ **Antibiotic ointment**	□ **Eye drops/wash**	□ **Aloe Vera**
□ **Calamine Lotion**	□ **Ibuprofen**	□ **Oragel**	□ **Cough Drops**
□ **Loratidine Allergy (Claritin)**	□ **Antacid Tablet (Tums)**	□ **Hydrocortisone Cream**	□ **Anti- Nausea (Emetrol)**
□ **Lip Ointment**	□ **Sunscreen**	□ **NONE OF THE ABOVE**	

- I authorize the nursing and medically trained staff at Bowling Green Independent School District and Graves-Gilbert Clinic to provide over the counter medication as noted above and as needed to my child.
- I understand that it is my responsibility to directly notify the nursing staff in writing at the school where my child is enrolled of any changes in my child's OTC medication needs.
- I understand that in the event of an adverse reaction to any OTC medication, the medication will be halted, and I will be notified by the nursing staff at the school.
- I understand that this permission form will be kept on file in my child's student health record and will not be changed without written notification.
- I understand that this document's confidentiality is governed by FERPA (Family Education Rights to Privacy Act) and that all rules under such Act will be followed by all parties.
- I understand that a generic equivalent may be administered to my child.
- I expressly hold harmless, and waive any liability on behalf of, the school or its employees and agents concerning any injuries or reactions resulting from administration or lack of administration of the above medication.
- I understand that I must provide to the school nursing staff a signed physician's order/statement in order to exceed the recommended dosage guidelines (as printed on the bottle/packaging) when administering the indicated medications.

_____ _____

Parent/Guardian Signature *Date*

_____ _____

Printed Name *Relationship*